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# NOTICE OF ALLOWANCE AND FEE(S) DUE

30827

7590

08/17/2006

MCKENNA LONG & ALDRIDGE LLP 1900 K STREET, NW WASHINGTON, DC 20006

| EXA      | MINER        |
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| RICHARI  | DS, N DREW   |
| ART UNIT | PAPER NUMBER |
| 2815     |              |

DATE MAILED: 08/17/2006

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/800,037      | 03/15/2004  | John Z.Z. Zhong      | 8733.216.21-US      | 6858             |

TITLE OF INVENTION: HIGH APERTURE LCD WITH INSULATING COLOR FILTERS OVERLAPPING BUS LINES ON ACTIVE SUBSTRATE

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE DUE | PUBLICATION FEE DUE | PREV. PAID ISSUE FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|---------------|---------------------|----------------------|------------------|------------|
| nonprovisional | NO           | \$1400        | \$300               | \$0                  | \$1700           | 11/17/2006 |

THE APPLICATION IDENTIFIED ABOVE HAS BEEN EXAMINED AND IS ALLOWED FOR ISSUANCE AS A PATENT. PROSECUTION ON THE MERITS IS CLOSED. THIS NOTICE OF ALLOWANCE IS NOT A GRANT OF PATENT RIGHTS. THIS APPLICATION IS SUBJECT TO WITHDRAWAL FROM ISSUE AT THE INITIATIVE OF THE OFFICE OR UPON PETITION BY THE APPLICANT. SEE 37 CFR 1.313 AND MPEP 1308.

THE ISSUE FEE AND PUBLICATION FEE (IF REQUIRED) MUST BE PAID WITHIN THREE MONTHS FROM THE MAILING DATE OF THIS NOTICE OR THIS APPLICATION SHALL BE REGARDED AS ABANDONED. THIS STATUTORY PERIOD CANNOT BE EXTENDED. SEE 35 U.S.C. 151. THE ISSUE FEE DUE INDICATED ABOVE DOES NOT REFLECT A CREDIT FOR ANY PREVIOUSLY PAID ISSUE FEE IN THIS APPLICATION. IF AN ISSUE FEE HAS PREVIOUSLY BEEN PAID IN THIS APPLICATION (AS SHOWN ABOVE), THE RETURN OF PART B OF THIS FORM WILL BE CONSIDERED A REQUEST TO REAPPLY THE PREVIOUSLY PAID ISSUE FEE TOWARD THE ISSUE FEE NOW DUE.

#### HOW TO REPLY TO THIS NOTICE:

I. Review the SMALL ENTITY status shown above.

If the SMALL ENTITY is shown as YES, verify your current SMALL ENTITY status:

A. If the status is the same, pay the TOTAL FEE(S) DUE shown above.

B. If the status above is to be removed, check box 5b on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and twice the amount of the ISSUE FEE shown above, or

If the SMALL ENTITY is shown as NO:

A. Pay TOTAL FEE(S) DUE shown above, or

B. If applicant claimed SMALL ENTITY status before, or is now claiming SMALL ENTITY status, check box 5a on Part B - Fee(s) Transmittal and pay the PUBLICATION FEE (if required) and 1/2 the ISSUE FEE shown above.

II. PART B - FEE(S) TRANSMITTAL, or its equivalent, must be completed and returned to the United States Patent and Trademark Office (USPTO) with your ISSUE FEE and PUBLICATION FEE (if required). If you are charging the fee(s) to your deposit account, section "4b" of Part B - Fee(s) Transmittal should be completed and an extra copy of the form should be submitted. If an equivalent of Part B is filed, a request to reapply a previously paid issue fee must be clearly made, and delays in processing may occur due to the difficulty in recognizing the paper as an equivalent of Part B.

III. All communications regarding this application must give the application number. Please direct all communications prior to issuance to Mail Stop ISSUE FEE unless advised to the contrary.

IMPORTANT REMINDER: Utility patents issuing on applications filed on or after Dec. 12, 1980 may require payment of maintenance fees. It is patentee's responsibility to ensure timely payment of maintenance fees when due.

### PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

| appropriate. All further indicated unless correcte maintenance fee notificat                                                  | ed below or directed oth                                                                                         | ig the Patent, advance of<br>herwise in Block 1, by (a                                             | rders and notification of n<br>a) specifying a new corres                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | naintenance fees will<br>pondence address; a                                                       | ll be r<br>and/or                    | nailed to the current of<br>(b) indicating a separ                                                     | correspondence address as<br>ate "FEE ADDRESS" for                                                                |
|-------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| CURRENT CORRESPONDE                                                                                                           | ENCE ADDRESS (Note: Use Bl                                                                                       | ock 1 for any change of address)                                                                   | Fee(                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | s) Transmittal, This                                                                               | certifi<br>paper,                    | cate cannot be used fo<br>such as an assignmen                                                         | domestic mailings of the r any other accompanying t or formal drawing, must                                       |
| 30827                                                                                                                         | 7590 08/17/                                                                                                      | /2006                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Carti                                                                                              | ficato                               | of Mailing or Transm                                                                                   | nission                                                                                                           |
| MCKENNA LO<br>1900 K STREET<br>WASHINGTON                                                                                     |                                                                                                                  | GE LLP                                                                                             | I her<br>State<br>addr<br>trans                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | reby certify that this es Postal Service wi essed to the Mail smitted to the USPT                  | Fee(s<br>th suff<br>Stop I<br>O (571 | Transmittal is being icient postage for first SSUE FEE address a ) 273-2885, on the da                 | deposited with the United class mail in an envelope bove, or being facsimile te indicated below.                  |
|                                                                                                                               |                                                                                                                  |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    |                                      |                                                                                                        | (Depositor's name)                                                                                                |
|                                                                                                                               | •                                                                                                                |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    |                                      |                                                                                                        | (Signature)                                                                                                       |
|                                                                                                                               |                                                                                                                  |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    |                                      |                                                                                                        | (Date)                                                                                                            |
| APPLICATION NO.                                                                                                               | FILING DATE                                                                                                      |                                                                                                    | FIRST NAMED INVENTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                    | ATTOF                                | NEY DOCKET NO.                                                                                         | CONFIRMATION NO.                                                                                                  |
| 10/800,037                                                                                                                    | 03/15/2004                                                                                                       |                                                                                                    | John Z.Z. Zhong                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    | 87                                   | 33.216.21-US                                                                                           | 6858                                                                                                              |
| APPLN, TYPE                                                                                                                   | SMALL ENTITY                                                                                                     | ISSUE FEE DUE                                                                                      | COLOR FILTERS OVER PUBLICATION FEE DUE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | PREV. PAID ISSUE                                                                                   |                                      | TOTAL FEE(S) DUE                                                                                       | DATE DUE                                                                                                          |
| I                                                                                                                             | NO                                                                                                               | \$1400                                                                                             | \$300                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | \$0                                                                                                |                                      | \$1700                                                                                                 | 11/17/2006                                                                                                        |
| nonprovisional                                                                                                                |                                                                                                                  |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | φ <del>υ</del><br>1                                                                                |                                      | <b>\$1700</b>                                                                                          | 111112000                                                                                                         |
| EXAM                                                                                                                          | INER                                                                                                             | ART UNIT                                                                                           | CLASS-SUBCLASS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                    |                                      |                                                                                                        |                                                                                                                   |
| RICHARDS                                                                                                                      | •                                                                                                                | 2815                                                                                               | 257-059000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    |                                      |                                                                                                        |                                                                                                                   |
| Change of corresp<br>Address form PTO/SE<br>"Fee Address" indi<br>PTO/SB/47; Rev 03-0<br>Number is required.  ASSIGNEE NAME A | ication (or "Fee Address' 2 or more recent) attach ND RESIDENCE DATA                                             | " Indication form led. Use of a Customer  A TO BE PRINTED ON '                                     | 2. For printing on the p. (1) the names of up to or agents OR, alternativ (2) the name of a single registered attorney or a 2 registered patent attolisted, no name will be THE PATENT (print or type data will appear on the page of the | 3 registered patent vely, e firm (having as a regent) and the names meys or agents. If no printed. | attorne<br>nembers of up<br>o name   | or a 2<br>to to e is 3                                                                                 | cument has been filed for                                                                                         |
| recordation as set forti                                                                                                      | h in 37 CFR 3.11. Comp<br>GNEE                                                                                   | oletion of this form is NO                                                                         | (B) RESIDENCE: (CITY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | assignment.  and STATE OR CO                                                                       | UNT                                  | RY)                                                                                                    | _                                                                                                                 |
| Please check the appropri                                                                                                     | iate assignee category or                                                                                        | categories (will not be p                                                                          | rinted on the patent):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Individual U Cor                                                                                   | poratio                              | on or other private grou                                                                               | ip entity Government                                                                                              |
|                                                                                                                               | are submitted:<br>To small entity discount p<br># of Copies                                                      | permitted)                                                                                         | b. Payment of Fee(s): (Plea A check is enclosed. Payment by credit car The Director is hereby overpayment, to Depo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | d. Form PTO-2038 authorized to charg                                                               | is attac                             | ched.<br>equired fee(s), any def                                                                       |                                                                                                                   |
| 5. Change in Entity Stat                                                                                                      | tus (from status indicated                                                                                       | d above)                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    |                                      |                                                                                                        |                                                                                                                   |
|                                                                                                                               | s SMALL ENTITY statu                                                                                             |                                                                                                    | b. Applicant is no long                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                    |                                      |                                                                                                        |                                                                                                                   |
| NOTE: The Issue Fee and interest as shown by the i                                                                            | d Publication Fee (if requeecords of the United Sta                                                              | uired) will not be accepte<br>tes Patent and Trademark                                             | ed from anyone other than to<br>c Office.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | he applicant; a regis                                                                              | tered a                              | ttorney or agent; or the                                                                               | e assignee or other party in                                                                                      |
| Authorized Signature                                                                                                          |                                                                                                                  |                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Date                                                                                               |                                      |                                                                                                        |                                                                                                                   |
| Typed or printed name                                                                                                         | е                                                                                                                |                                                                                                    | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Registration No                                                                                    | o                                    |                                                                                                        |                                                                                                                   |
| This collection of inform<br>an application. Confident<br>submitting the completed<br>his form and/or suggesti                | ation is required by 37 C<br>tiality is governed by 35<br>d application form to the<br>ions for reducing this bu | CFR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the | on is required to obtain or r<br>1.14. This collection is est<br>y depending upon the indiv<br>the Chief Information Office                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | etain a benefit by the<br>imated to take 12 m<br>ridual case. Any con<br>er, U.S. Patent and T     | e publ<br>inutes<br>nment<br>raden   | ic which is to file (and<br>to complete, including<br>s on the amount of tim<br>tark Office, U.S. Depa | by the USPTO to process)<br>g gathering, preparing, and<br>he you require to complete<br>rtment of Commerce, P.O. |

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| APPLICATION NO. | F.        | ILING DATE   | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO.     | CONFIRMATION NO. |  |  |  |
|-----------------|-----------|--------------|----------------------|-------------------------|------------------|--|--|--|
| 10/800,037      | •         | 03/15/2004   | John Z.Z. Zhong      | 8733.216.21-US          | 6858             |  |  |  |
| 30827           | 7590      | 08/17/2006   |                      | EXAM                    | EXAMINER         |  |  |  |
|                 | ONG &     | ALDRIDGE LLP |                      | RICHARDS                | , N DREW         |  |  |  |
| 1900 K STREE    |           |              |                      | ART UNIT                | PAPER NUMBER     |  |  |  |
| WASHINGTON      | N, DC 200 | 006          |                      | 2815                    |                  |  |  |  |
|                 |           |              |                      | DATE MAILED: 08/17/2000 | 6                |  |  |  |

# Determination of Patent Term Adjustment under 35 U.S.C. 154 (b)

(application filed on or after May 29, 2000)

The Patent Term Adjustment to date is 0 day(s). If the issue fee is paid on the date that is three months after the mailing date of this notice and the patent issues on the Tuesday before the date that is 28 weeks (six and a half months) after the mailing date of this notice, the Patent Term Adjustment will be 0 day(s).

If a Continued Prosecution Application (CPA) was filed in the above-identified application, the filing date that determines Patent Term Adjustment is the filing date of the most recent CPA.

Applicant will be able to obtain more detailed information by accessing the Patent Application Information Retrieval (PAIR) WEB site (http://pair.uspto.gov).

Any questions regarding the Patent Term Extension or Adjustment determination should be directed to the Office of Patent Legal Administration at (571)-272-7702. Questions relating to issue and publication fee payments should be directed to the Customer Service Center of the Office of Patent Publication at 1-(888)-786-0101 or (571)-272-4200.